

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>1/2/00</i>
O.I.P.E. CLASSIFIER			<i>2/17</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

58573  
59573

3-1-00  
5-17-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			1/2/02
2			4/27/02
3			9/16/02
4			5/24/03
5			5/19/04
6			4/12/04
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Claim	Final	Original	Date
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52			5/24/03
53			5/19/04
54			4/12/04
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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